**JUMPING N.S.W. Inc.**

# APPLICATION for Funding from JNSW

# to Host a

## SHOWJUMPING JUDGES CLINIC

This application form is for JNSW Affiliated clubs to apply for funding support to help host a Judges clinic.

If the club is successful the following conditions must be met.

* The Jumping NSW will pay for the Presenters fees and travel.
* The club must pay for the presenter’s accommodation and meals.
* A minimum of 6 people must attend, there is no maximum.
* A list of attendees must be returned to JNSW Secretary within 7 days of the clinic. katrinadukats@bigpond.com or P.O. Box 118 Camden. 2570.

Name of Club: ……………………………………………………………….

Contact for the club: …………………………………………………………

Contact Email: ……………………………………………………………….

Contact Phone number: …………………………………………………….

Date of Clinic: ………………………………………………………………..

Venue of Clinic: ……………………………………………………………...

Venue Address: ………………………………………………………………

The Presenter of the clinic must be from the Equestrian Australia’s list of presenters for Judges or JNSW can suggest a presenter.

The following must be provided:

* Conference room/classroom with tables and chairs.
* Electricity
* Overhead projector screen
* White Board
* Pens, rulers, paper.
* Catering available
* Heating and cooling in the room
* Assessment if attendees are eligible: (this must be discussed with the presenter)

Roll of Participants in the Jumping NSW Judges Clinic

Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Day 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Venue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Presenter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Name please print | Membership Level of Accreditation (If applicable) |
| Eg. Jo Smith | JNSW EA Level One |
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Roll of Participants in the Jumping NSW Judges Clinic

Club:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Day 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Venue\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Presenter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Name please print | Membership Level of Accreditation (If applicable) |
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